## RECEIVED **CENTRAL FAX CENTER**

## FEB 1 2 2008

PTO/SB/17 (10-07)
Approved for use through 08/30/2010, QMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE escors are required to respond to a collection of information unless it displays a valid OMB control number

| Effective on 12/08/2004.   |                            |                             |                   | Complete if Known                |                                     |                     |                |  |
|--|----------------------------|-----------------------------|-------------------|----------------------------------|-------------------------------------|---------------------|----------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |                            |                             | LAnnlica          | tion Number                      | 101                                 | 015\$5,766          |                |  |
| FEE TRANSMITTAL For FY 2008  |                            |                             | Filing (          | ate                              | 12-                                 | 19-                 | 2006           |  |
|  |                            |                             | First N           | amed Inventor                    | Th                                  | omas                | Lutz           |  |
| Applicant claims small entit   |                            | \$ 27 CCD 4 27              | Examir            | er Name                          | Larr                                | y Di                | Worrell Dr     |  |
| Applicant claims small entit   | y status.                  | See 37 UFR 1.27             | Art Uni           | t                                | 376                                 | \$                  |                |  |
| TOTAL AMOUNT OF PAYMEN   | T (\$)                     |                             | Attome            | y Docket No.                     |                                     |                     | 40008          |  |
| METHOD OF PAYMENT (check all that apply)   |                            |                             |                   |                                  |                                     |                     |                |  |
| Check Credit Card Money Order Other (please identify):   |                            |                             |                   |                                  |                                     |                     |                |  |
| Deposit Account Deposit Account Number: Deposit Account Name:  |                            |                             |                   |                                  |                                     |                     |                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                            |                             |                   |                                  |                                     |                     |                |  |
| Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filling fee  |                            |                             |                   |                                  |                                     |                     |                |  |
| Charge any additional fee(s) or underpayments of fee(s)  Credit eny overpayments   |                            |                             |                   |                                  |                                     |                     |                |  |
| under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card            |                            |                             |                   |                                  |                                     |                     |                |  |
| Information and authorization on PTO-2038.   |                            |                             |                   |                                  |                                     |                     |                |  |
| FEE CALCULATION  |                            |                             |                   |                                  |                                     |                     |                |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |                            |                             |                   |                                  |                                     |                     |                |  |
| FILING FEES SEARCH FEES EXAMINATION FEES   |                            |                             |                   |                                  |                                     |                     |                |  |
| Application Type Fe  | se (\$)                    | nall_Entity<br>Fee (\$) Fee | Smail<br>(\$) Fee | <u>Entity</u><br>(\$) <u>Fee</u> | <u>Smali E</u><br>(\$) <u>Fee (</u> |                     | Fees Paid (\$) |  |
| Utility 3  | 10                         | 155 51                      |                   |                                  |                                     |                     |                |  |
| Design 2   | 10                         | 105 10                      | 0 50              | 13                               | 0 65                                |                     |                |  |
| Plant 2  | 10                         | 105 31                      | 0 15              | 5 16                             | 0 80                                | ١ .                 |                |  |
| Reissue 3  | 10                         | 155 51                      | 0 25              | 5 62                             | 0 310                               | ١ .                 |                |  |
| Provisional 2  | 10                         | 105                         | 0                 | 0                                | 0 0                                 | ٠.                  |                |  |
| 2. EXCESS CLAIM FEES Small Entity  |                            |                             |                   |                                  |                                     |                     |                |  |
| Fee Description Each claim over 20 (including Reissues)  |                            |                             |                   |                                  | _                                   | <u>e (\$)</u><br>50 | Fee (\$)<br>25 |  |
| Each independent claim over 3 (including Reissues)   |                            |                             |                   |                                  |                                     | 10                  | 105            |  |
| Multiple dependent claims  |                            |                             |                   |                                  |                                     | 70                  | 185            |  |
|  |                            |                             | Fee Paid_(\$      | Paid (\$) Multiple               |                                     |                     | ndent Claims   |  |
| 2¶ or HP =   |                            | _ x <u></u> =               |                   | -                                | <u>F9</u>                           | <u>19 (\$)</u>      | Fee Pald (\$)  |  |
| HP = highest number of total claim<br>indep_Claims Ext   | ns paid for,<br>ra Claim:  | =                           | Fee Paid (\$      |                                  |                                     |                     |                |  |
| 3 or HP ==   |                            | _ × = _                     |                   |                                  |                                     |                     |                |  |
| HP = highest number of independent claims paid for, if greater than 3.   |                            |                             |                   |                                  |                                     |                     |                |  |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer                                    |                            |                             |                   |                                  |                                     |                     |                |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50  |                            |                             |                   |                                  |                                     |                     |                |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |                            |                             |                   |                                  |                                     |                     |                |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |                            |                             |                   |                                  |                                     |                     |                |  |
| 4. OTHER FEE(S) Fees Paid (S)  |                            |                             |                   |                                  |                                     |                     |                |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                            |                             |                   |                                  |                                     |                     |                |  |
| Other (e.g., late filing surcharge):   |                            |                             |                   |                                  |                                     |                     |                |  |
| SUBMITTED BY   |                            |                             |                   |                                  |                                     |                     |                |  |
| Signature  | or 1                       | 2/12/                       | Registra          |                                  | 542                                 | Telephone           | 12 721 8/08    |  |
| Name (Print/Type)  | <u>- v/v.</u><br>- n. n. S | R Visil                     | (Attomoy          | mysell p-                        |                                     | Date 02.            | -12-2009       |  |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form entitor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Assendria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.